

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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FEB 07 2005

Applicant: Yuanning Chen, et al.

Art Unit: 2813

Serial No.: 10/719,280

Examiner: Jack S.J. Chen

Filed: 11/21/03

Docket: TI-35022.1

For: Use of Hafnium Silicon Oxynitride as the Cap Layer of the Sidewall Spacer

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION
I hereby certify that the above correspondence is being
transmitted by facsimile to the U.S. Patent and Trademark
Office at 703-872-9306 on the date shown below.

Karen Vertz
Karen Vertz

2-7-05
Date

EXTENSION OF TIME

Pursuant to 37 CFR 1.136(a), Applicants respectfully petition the Commissioner for an extension of the shortened statutory period for response in the above-identified Application.

The fee for this extension is indicated below:

- ☒ First Month (\$120)
☐ Second Month (\$450)
☐ Third Month (\$1,020)
☐ Fourth Month (\$1,590)
☐ Fifth Month (\$2,160)

Please charge the fee to deposit account No. 20-0668 of Texas Instruments Incorporated. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Account No. 20-0668. An original and two copies of this sheet are enclosed

Respectfully submitted

Rose Alyssa Keagy
Rose Alyssa Keagy
Registration No. 35,095

Texas Instruments, Incorporated
P. O. Box 655474 - M/S 3999
Patent Department
Dallas, Texas 75265

Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10/719280

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

2,705

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 10	Minus	** 20	=
	Independent	* 5	Minus	*** 5	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	**	=
	Independent		Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independently) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	395.00	OR	BASIC FEE	790.00
x 25		OR	x 50	
x 100		OR	x 200	
+ 180		OR	+ 360	
TOTAL		OR	TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x 25		OR	x 50	
x 100		OR	x 200	
+ 180		OR	+ 360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x 25		OR	x 50	
x 100		OR	x 200	
+ 180		OR	+ 360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x 25		OR	x 50	
x 100		OR	x 200	
+ 180		OR	+ 360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	